

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33759

State File No.

4356

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Week
 In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN DIBBERN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. Widowed
 6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased July 28th, 1862
 (Month) (Day) (Year)

8. AGE: Years 81 Months 22 Days 12 If less than one day hr. min.

9. Birthplace Denmark
 (City, town, or county) (State or foreign country)

10. Usual occupation Office

11. Industry or business Redemptorist Rectory

12. Name John Dibbern

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. McLean

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 10/13/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durk and Dolin Co.

(b) Address 20 West Linwood

19. (a) 10-13-43 (b) D. C. Brown
 (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3333 Broadway
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10, year 1943 hour 8:05 minute 0 M.

21. I hereby certify that I attended the deceased from 1943 to Oct 9, 1943
 that I last saw him alive on Oct 9, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes
myocardial - acute

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. B. Brown (M. D. or other)

Address 618 1/2 N. 2nd Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harold H. Lee

Licensed Embalmer No. *2810*

P. O. Address *N. E. Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.